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2011 MAR 16 AM 10: 14

FEC MAIL CENTER

## Restore Our Future, Inc.

1250 Eye Suite NW Suite 900 Washington, DC 20005

March 16, 2011

Federal Election Commission 999 E Street, NW Washington, DC 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Charles R. Spies

Treasurer

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FEC	
<b>FORM</b>	1

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FEC M	AIL	CENTE	R_

FEC FORM 1	_	DRGANIZA			Office Use Only	
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M		
Restore Our Future, Inc.						
ADDRESS (number a  (Check if ac is changed)	Sui	te 900 shington		DC	20005	
COMMITTEE'S E-MA	II ADDRESS (Bloos		CITY	STATE	ZIP CODE	
(Check if is change	address [res		re@gmail.com			
COMMITTEE'S WEB	PAGE ADDRESS (	URL)				
(Check if is change						
2. DATE 03	<b>16</b> ′ <b>2</b>	011				
3. FEC IDENTIFICATION NUMBER C 00490045						
4. IS THIS STATE!	MENT NEV	V (N) OR	AMENDED (A)		···	
I certify that I have examined this Statement and to the best of my knowledger and belief it is true, correct and complete.						
Type or Print Name	of Treasurer Ch	narles R. Sı	oies )			
Signature of Treasurer Date Date Date						
NOTE: Submission of talse, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

	F	EC Fo	rm 1 (Revised 02/2009)	Page 2		
5.	TYPE	OF C	COMMITTEE			
	Can	Candidate Committee:				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Candi Party	idate Affiliati	on Sought: House Senate President	State District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi			1111	للـ	
	Part	y Con	nmittee:			
	(d)			nocratic, ublican, etc.) Pa	arty.	
	Polit	ical A	action Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization	i is a:	
		_	Corporation Corporation w/o Capital Stock Lal	bor Organizatio	on	
			Membership Organization Trade Association Co	operative		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., noncommected committee)	ated fund or p	arty	
		_	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint	Func	draising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	more political		
	committees/organizations, at least one of which is an authorized committee of a federal candidate.  (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political					
	committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser					
		1.	FEC ID number		, <u>_</u>	
		2.	FEC ID number		·	
		3.	FEC ID number			
		4.				

	FEC Form	(Revised 02/2009)	Page 3
V	Vrite or Type Com	nittee Name	
F	Restore O	ur Future, Inc.	
6.	Name of Any C	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
L			
L			
	Mailing Address		
		CITY STATE ZIP	CODE
	Relationship:	Connected Organization	ship PAC Sponsor
	L	J	<b>, </b>
7.	Custodian of Re	cords: Identify by name, address (phone number optional) and position of the person in possess ls.	sion of cornmittee
		¡Charles R. Spies	,
	Full Name		<del></del>
	Mailing Address	1250 Eye Street NW	
		Suite 900	
		Washington IDC 20005	_ -
	Title or Position	CITY STATE ZIP	CODE
	Treasurer	Telephone number 202 1 - 572	[8663]
8.		e name and address (phone number optional) of the treasurer of the committee; and the name $\epsilon$ gent (e.g., assistant treasurer).	and address of
	Full Name of Treasurer	Charles R. Spies	
	Mailing Address	[1250 Eye Street NW	
	•	Suite, 900	
		Washington IDC 120005	
			_  = [] CODE
	Title or Position	1202 1 1572	
	Treasurer	1 Telephone number 202 - 572	

FEC Form 1	(Revised 02/2009)		Page 4
	·		<del></del>
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	,		
	Telephone n	umber	
Banks or Other Den	oositories: List all banks or other depositories in which the comm		funds, holds accounts, rents
safety denosit hoves	or maintains funds	illiee deposits	in and the second secon
safety deposit boxes	or maintains funds.	iittee deposits	
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc.	milee deposits	
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safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. hain Bridge, Bank	VA	[221,01 , ]-
safety deposit boxes Name of Bank, Depo	or maintains funds. psitory, etc. hain Bridge, Bank 1445-A Laughlin Ave.		
safety deposit boxes Name of Bank, Depo	or maintains funds. psitory, etc.  hain Bridge, Bank  [1445-A Laughlin Ave,  [McLean]  city	<u>VA</u>	[221,01 , ]-
safety deposit boxes  Name of Bank, Depo  C  Mailing Address	or maintains funds. psitory, etc.  hain Bridge, Bank  [1445-A Laughlin Ave,  [McLean]  city	<u>VA</u>	[221,01 ]-
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Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
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